AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

TION is very important.

AD. Every item of infor-

Exact statement of OCCUPA-

m

STATE OF MARYLAND—CERTIFICATE OF DEATH 11249			
1. PLACE OF DEATH	(00)		
County Januersely	Registration Dist. No. 208		
Village or City Deals Flows	No. St., Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME OFFICE COO			
(a) Residence: No. Deals Seland	History Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
Herel Mule OR DIVORCED (white the word)	(Month) (Dey) (Yeer)		
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. Thet ettended deceesed from		
(or) WIFE of of Jolly Ubball	0 dt 19.3 4 to 0 ct 9 19.35		
6. DATE OF BIRTH (month, day, engyer) OSK 15 1890	i last saw h. A. C. elive on O.C. 5 1935 deeth is said		
7. AGE Years Months Days if LESS than	to heve occurred on the date stated ebove, at 10 30 pm.		
144 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance		
2 Trade protection or particular	Date of one of the control of the co		
kind of work done, as SPINNER, Taustaleles	Chilmonage I = 1971		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	9 10. 1137		
SAW MILL, BANK, etc			
o this occupation (month and 33 spent in this 44 spent occupation 45	V		
Alla Carrieda D	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (Stete or country)	77		
	tubrus fulleres		
E ACO			
4. BiRTHPLACE (city or town) (State or country)	Neme of operation		
	What test confirmed diagnosis?		
E ALL OF	23. if death wes due to externel ceuses (VIOLENCE) fill In elso the following:		
O 16. BIRTHPLACE (city or town) (Stete or county)	Accident, suicide, or homicide?		
All All The	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Piece Dete Dete 11, 1931	Neture of injury		
10 Margarines Developed a contraction of	24. Wes disease or injury in any way releted to occupation of deceased?		
19. UNDERTAKER (Address)	if so, specify		
Coff 35 Day Moleto	(Signed) D. M. Jhuit, M. D.		
20. FILED	(Address) Doub blow md		
70 11 1 11 11 11			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The sure to see the second second			

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92:00
county () omerset	Registration Dist. No. 270
Village or City Crustield	NoSt.,Ward
// / / /	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Curie athly	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced James Carbly (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
month + day untersion, 87	last saw has elive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:45-4m.
about 57 -? -? 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Mitaul Grusuldissenses any
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at \$2.7 11. Total time (years) this occupation (month and	1935
10. Date deceased last worked at \$125/7 11. Total time (years) spent in this occupation wears year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	acito restriction 1435
II. NAME George & Wiles	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saruh Armie 16. BIRTHPLACE (city or town)	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clearge Wiles	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Ω	Manage of Jalum.
Plecy awdomas Cem. Date Oct 14, 1935	Manner of Injury
19. UNDERTAKER John a Brods for	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charles Fry	(Signed) 7 73 while M. D.
20. FILED A. 4, 19 S. Let Callan. Registrar.	(Address) Curticoff M.

mation should be carefully supplied. -WRITE PLA Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	X	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
6374			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

V. S. No. 1

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ESER	
IN R	STATE OF STREET
ARGIN	

	STATE OF MARYLAND	CERTIFICATE OF DEATH
stat	1. PLACE OF DEATH	· No.
· = /	county ourses Countr	Registration Dist. Np. 265
E /	Village pr City Oliva 2, 00 A	No CORR Ct Word
700		death occurred in a hospital or satisfaction, give its NAME instead of street and number)
CIAN	Length of residence in city or town where death occurredyrsmos.	
SICI	2. FULL NAME A COLOR	LIMITS OF
- w	(a) Residence: No. (Usygl place of abode)	St, Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write be word)	21. DATE OF DEATH 30 , 193 5
classified.	5a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That i ettended deceesed from
ass	(or) WIFE of	19 to 19
	6. DATE OF BIRTH (month, day, and year) 7906	I last saw h alive on, 19; death is said
fica	7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at
properly certificate	24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of c	8. Trada, profession, or particular kind of work done, as SPINNEL SAWYER, BDDKKEEPEP, etc.	a front was invalenced courses
may	A Saindustr of businessin which	Manual-
n be	Janustry business in which work year the work years to be seen to be years to be years.	Fell overfounds while gotting on hout
0 81	this occupation multi artu spent in this year) spent in this	1200 00 2 1200 rd
instructions	12. BIRTHPLACE (city or town) Yulginea	Dihar Contributory Cases of importancy:
truc	(State or country)	WALLOW IN
	13. NAME HOOVE 12 all	Mary of Ostoners July
See	14, BIRTHPLACE (city or town) (Stata or country)	Neme of operation
		What tast confirmed diagnosis? Was there are europsy:
important.	15. MAIDEN NAME Wary F. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicida, or tomicide to the following: Accidant, suicida, or tomicide to the following:
rodu	State or country)	Whare did injury octurell over Board
	17. INFORMANT Clearl 13 all 1	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
very	(Address) 18. BURIAL, CREMATION OR REMOVAL	while getting on boat a tred the wharf
18.	Place HOLINAY Wy Date CH 3/ 19 3)	Hanner of injury
NO	Why Mridshew	24. Was discussed and with the way related to occupation of deceased?
5	19. UNDERTAKER (Addrass)	24. Was discussed buildry from from cleated to occupation of deceased?
ソ	20. FILED Og 131, 1935 le Elevelina	(Signad) Cresfield M. D.
	Registrar.	· (Address) ffe land for the formation of the same of
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Vo. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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ケーズ	.b. Every	PHYSICIANS
BINDING	-WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT REACED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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SERVED	INK-THIS	should be
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Som > et	Registration Dist. No. 260
Village or City wastoner TIR.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME POBERT GOTT MON	
(a) Residence: No. Wastower 712.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WIGOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If martind, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dacassad from Sept dt 1935 to Out 11 1936
6. DATE OF BIRTH (month, day, and year) 1879	I last saw h aliva on OQ 9 ,1935; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the data stated abova, at
56 mhrown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	1740 caractes: chronic/. 1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	Downstion : three george Cuy &
O Data deceased last worked at this occupation month and 934 spant in this years) year)	
12. BIRTHPLACE (city or town) Univer 7,22,	Other Coutributory Causes of importanca:
(State or country) — IZICALUIO (R.D.)	
13. NAME Honry Cott mace	
13. NAME Honry Cott mace 14. BIRTHPLACE (city ortown)	Nama of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME BORGE Ballara 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT & Dauldford (Address)	Whera did injury occur? (Specify city or town, county end State) Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cottage Dove Oate Vet 15 , 1935	Nature of injury
19. UNDERTAKER James & Dennis	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILEO Oct 12, 1935 D. Amel	(Signad) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1935	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	ò	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN .		
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AGE should be stated EXACTLY.

EC. RD. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA.

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See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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V. S. No. 1 N. B.—V

STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	253
1. PLACE OF DEATH	1	107.0	1
· County Jomesse	1	Registration Dist. No.	/
Village or City Marieu	used Med	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and i	
Length of residence In city or town where dez 2. FULL NAME Onal	ath occurred yrsmos	ds. How long in U.S. If of foreign birth?yrsm)\$G\$.
(a) Residence: No. Man	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Dey)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	aut	22. I HEREBY CERTIFY, Thet I ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer)	et 10 1935	I last saw h alive on 19	.: death is seid
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, etm,	
8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trade, profession, or particular	/ / / / / / / / / / / / / / / / / / / /	were as follows:	Oate of onset
kind of work done, as SPINNER.	Α		
9. Industry or business in which		allendance	
work was done, es SILK MILL, SAW MILL, BANK, etc.	mary		
10. Date deceased last worked et this occupation (month end	17. Total time (years) spent in this	Owholly Ornely vulling	
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2		
13. NAME CUSSELL	oullousee		
E	rud	Name of operation Dete of	-
4 14. BIRTHPLACE (city or town)		What test confirmed diagnosis?	outo-ou?
15. MAIOEN NAME Auma	Meloure	23. If death wes due to external causes (VIOL ENCE) fill in elso the following	
16, BIRTHPLACE (city or town)	Ca	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	-D	Where did injury occur?(Specify city or town, county and Sta	(e)
17. INFORMANT USUS (Address)	Jarion Md	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	d n 2/ 25	Manner of Injury	
Place / Magnitude of	pare 100 / 193	Nature of injury	
19. UNOERTAKER HES WHITE	elghuary.	24. Was disease or injury In any way related to occupation of deceased?	, () (
20. FILEO 151V 1935 Gure	led 17. Laureon	If so, specify (Signer Jurelia 10, Januson	U Fm. b.

Registrar.

(Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 3 1995	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	41	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 11254
County Cameralt	WITHIN CORPO	Registration Dist. No. 2 65
A A A	/ CORPO	TATE LEWIS AND
Village or City June 4	A (II	No. V. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred Uyrsmos	ds. How long In U.S. if of foreign birth?yrsmos ds
2. FULL NAME Stil	Clora Eva	
(a) Residence: No.	Cere -	St., Ward.
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
MIN	OR DIVORCED (write the word)	Qel . , 193 J (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended daceased from
(OI) WIFE OI		, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	1.18,1935	I last saw h; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on tha date stated above, atm.
A 0	O l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.		6 mo Jetus (mallranca)
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.		-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
U 10. Date deceased last worked at	11. Total time (years)	
o this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town)	eld	Other Coatributory Causes of Importance:
(State or country)	-A	
II 13. NAME 7. Carl	Evans	
14. BIRTHPLACE (city or town)	ill	Nama of operation Data of
(State or country)	jud.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Glenor &	- Termbruse	23_4f death was dua to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Colonor (15)	ets-	Accidant, suicida, or homicida? Data of Injury, 19
∑ (State or country)	4	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Claude Mainle	eser Evans	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	19	Manage of Intern.
7- / 11 . 1.	ate Con 18, 1951	Manner of injury
19. UNDERTAKER J. CAN S	ivans	24. Was disease or injury in any way related to occupation of deceased?
(Address)		If so, specify
20, FILED OCY 18, 19.35	e / Kollin	(Signed) Sur Langton M.
	Registrar.	(Address) franchis list
If more blank	s are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HOV 7 1935	July 5, 1927	Peritonitis	3 days ago
BURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

AGE should be stated EXACTLY.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA.

1. PLACE O	F DEATH			(131)	11400
County Village or (Somerset Crisfic	eld Wi	THIN COR	Registration Dist. No.	2 65 Ward
Length of res	idence in city or town where	death occurred		If death occurred in a hospital or institution, give its NAME instead of sds. How long In U.S. If of foreign birth?yrs.	
2. FULL NA (a) Resider	200 38	ttenton ain Stre	e t	St., Ward. If nonresideot give city o	or town and State
PERSON	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX Male	4. COLOR OR RACE White	S. SINGLE, MARK OR DIVORCED WIOOW	RIED, WIDOWED, (write the word) ed	21. DATE OF DEATH Och 2.	5 , 193 5 - (Year)
5e. If married, widow HUSBAND of (or) WIFE of		ia E Fur	niss	22. Och 10 1935 to Och	I attended deceased from
6. DATE OF BIRTH	(month, dey, and year)	March 14	1935 8	I lest saw h elive on Oct 22	0 , , , , ,
7. AGE Yes	ars Months	Days 10	If LESS than I dey,hrs. ormin.	to heve occurred on the date stated above, at 10.12 G m. The PRINCIPAL CAUSE OF DEATH end related causes of Imported the stated of the state of the	rtance Date of ones
SAWYER SAWYER SAWYER SAWYER TO SAW MII O Date decease this occurrency 12. BIRTHPLACE (ci (State or cou	ntry)	apon	t in this	Dther Contributory Causes of importance:	iti
14. BIRTHPLACE	E (city or town)	el.		Neme of operetion	Dete of
2 (State of 17. INFORMANT (Address)	E (city or town) Mot r country) Phohe P. Gar	des int Vern Md ardner	on	23. If deeth was due to external causes (VIOL ENCE) fill in elso the Accident, suicide, or homicide? Date of injumples of the Accident	ury, 19
18. BURIAL, CREMAT Piece CALL	malion of a	pashingle Date Oct	25 ,193)	Menner of Injury Nature of injury 24. Was disease or injury In eny way related to occupetion of de	cceased? "
20. FILED_ Q	13, 35	6 610.	elle Registrar.	If so, specify (Signed) (Address) (Address) (Address)	M.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 7 1953.	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		I		

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u d	
 6	

V. S. No. 1

-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAKAY, WITH UNFADING INK—THIS IS A PERMANENT RE

1. PLACE OF DEATH	2010000
County Somervel	Registration Dist. No. 2.60
Village or City Orinces Carme	No. St., Wai
Length of residence in city or town where death occurred yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) 10sds. How long In U.S. if of foreign birth?yrsmos
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 1. SANGLE, MARRIED, WIDOWED, OR BLYORCED (write the word) 1. Worked 1. SEX 1. SEX 1. SANGLE, MARRIED, WIDOWED, OR BLYORCED (write the word) 1. Worked	21. DATE OF DEATH LEE & 1935 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herty Gebbors	22. I HEREBY CERTIFY, That i attended deceased fro
6. DATE OF BIRTH (month, day, and year) Lies 25-1876	I last saw h slive on 19 ; death is sa
7. AGE Years Months Days If LESS than 1 dey,hi	to have occurred on the date steted above, at 7.550 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Merclant	grantoned and automobile collision dus of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	crushed a other
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation occupation	Detchudoulous
12, BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Cecclest hope and obout Zueles Hotel (Trucca Can
13. NAME rash Gibbour	- I have no any freeze
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Marry Miller 16. BIRTHPLACE (city or town)	23. If death was due to external causes (WOLENCE) fill in also the following: Accident, suicide, or homicide Code Date of injury (9 8 1935)
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis - Helly Without (Address) Principle Circle	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAJION, OR REMOVAL PIece Princes Compare OCT / 0 19 8	5 Manner of injury Sheech by trans
19. UNDERTAKER PMS much (Address) Lumil	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 10-9 , 19.35 J. Quitt	(Signed) Tree Month M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
ed eauses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
7 8		
ce:	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	URTHER STATEM	ENTS BY	PHYSICIAN
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(If death occurred in a hospital or institu-tion, give its NAME in-

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PHYSI-

RECORD

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2

	PLACE OF DEATH
C	ounty Downsel
Ville	age or City Upper Hill (No
	2 FULL NAME Andrew & Hall
	PERSONAL AND STATISTICAL PARTICULARS
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 D	ATR OF BIRTH
	(Month) (Day) (Year)
AG	
bu	o) General nature of industry usiness, or establishment in hich employed or (employer)
	16 NAME OF Levin Hall
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Sourceset Ind
PAR	12 MAIDEN NAME Seal Dorsey
	13 BIRTHPLACE OF MOTHER (State or country) Somerset Md
14 T	(Informant) Taul Jones
	(Address) Upper Fairmount
15 F	iled Oct 29 1985- 4. E. Dickinson Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

..... Ward)

Registration Dist. No.

······································	nnmber.)
MEDICAL CERTIFI	CATE OF DEATH
16 DATE OF DEATH	A. 27 , 1835 (Year)
	at I attended the deceased from
	, 192
that I last eaw hallve on	, 192,
and that death occurred on the date	e stated above, at
The CAUSE OF DEATH & WAS AS OF COUNTY ON NOCE DURANTE OF THE COUNTY ON NOCE DE MESONES (Durante de la contraction de la	of Heart In Ottendance ation and Pant Leveral years
Contributory	•
(Signed) LE Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicida	Jenth, or, in deaths from most injury; and (2) whether most injury; and (2)
18 LENGTH OF RESIDENCE (Fo	r Hospitals, Institutions, Trans-
At place 65 of death yrs mos da.	In the State, 5 yrs mosda.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOV	VAL DATE OF BURIAL
Greenmount Cemet	ry Oct. 29 ,1935
20 UNDERTAKER	ADDRESS
N.S. Wilson	Upper Hill

STEPPENTY SAK - BIS

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1 1/2

REVISED UNITED ERTIFICATE STATES OF DEATH STANDARD

(Approved by U. S. Census and American Public Additions)

14 NO TO

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired or given up on account of the disease causing plant, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At Rome. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged laborer, Farm laborer, Laborer-Never return "Laborer," "Toreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; should be used only when needed. additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the -Ccal minc, etc. Womin the duties of the As examples: (a) The material

Lobar Typhoid fever (never report "Typhoid pneumonin spinal meningitis"); Diphtheria (avoid use of "Craup"). ed term for the same disease. Examples: Cercbrd pindi EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept Statement of Cause of Death-Name, first, the (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Mcasics; in the offgln; Apmendiature of the American Medical Association.) ment of cause of death approved by ture of the injury, as fracture of skull, and conse unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerpunal seplicaemia." "Puerpural peritonitis," can be ascertained as the cause. Always qualify all "Uraemia;" "Weaknes:." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ars), 10 ds. causing death) 29 ds.; Bronchopneumonia stated unless important. Whooping cough; Chronic valvular heart disease; Chronic inforstitial nophritis, etc. The contributory vulsions," (secondary tences ad of "contributory." cause (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railway Never report mere symptoms or terminal for which surgical operation was underor intercurrent) affection need not be (R~commendations on state-Example: Measles "Anaemia" Committee "Coma," (disease (second-(merely

e certificate is permanently filed. ons answered in detail, it will prevent further correspond-fee. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

PHYSICIANS should state RD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARTLAND	CENTIFICATE OF DEATH
1. PLACE OF DEATH	wo-m
County Domesset	Registration Dist. No. 270
Village or City Nr. Criefield, Mol.	NoSt.,Ward
Length of residence in city or town where death occurred At the yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Glorge V, Hande	<u> </u>
(a) Residence: No. Marsh Rod New Carlo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
Sa. If married, widowed, or divorced Marrie O, Handy (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ref 15 th 1853	I last saw h alive on 1925, to 1930 1930 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
82 27 ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Place,
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Jonnes & Co, Ad,	Cristians Relni
13. NAME Thomas Handa.	Rubbino blader
14. BIRTHPLACE (city or town)	Name of operation and 2 4 4 leg Date of the 14 30
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME WELLA M. I Scloon	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Some or The sale	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cristee of Equatory Date Cot, 16 th, 1935	Manner of injury as stales who
19. UNDERTAKER 21 Danson, (Address) Cueliel Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Com 16, 1935 / 108 la allind	(Signed) Surger Surger M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPA. RD. Every Exact statement ALY, WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. be properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Somesset	Registration Dist. No. 270
Village or City francisco	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Meal Handy	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH
mare colored precioned	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended doceesed from
(or) WIFE of Lugge Hondy	oct 2/ ,1925, 10 Oct 2/ ,1935
6. DATE OF BIRTH (month, day, and year)	I last saw home alive on both 4 1, 19,3 3 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, al D
54 don't know " or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc	Cenebral Himoseluge 10-31-35
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spant In this occupation	
La + 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	felling & contins a head 10-2000
E O	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Dete
I 15. MAIDEN NAME M. PO. a & looking	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in so the following:
15. MAIDEN NAME Millia Sleaking 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stata or country)	
17 WERDEN BOND BY	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE
17, INFORMANT (Address)	ax time
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury . A s. P
Place Scramelle Date Del 23, 1935	Nature of Injury Nature of Injury
19. UNDERTAKER A LOS of	24. Was diseese or injury In any way related to occupation of deceased?
(Address) Marion Mil	If so, specify
20. FILED DAN 22 1935 - la & balling	(Signed) I all X pushly R. O.Z. M. D.
Registrar.	(Address) When by bd my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسال		

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH should County. Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH R DIVORCED (write the word) CTL (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of × B certificate. 6. DATE OF BIRTH (month, day, and year, properly If LESS than 7. AGE Years Months to have occurred on the date stated above, at Days stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION THIS kind of work done, as SPINNER. JO. 0d24 SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc INK 10. Date deceased last worked at On 11. Total time (years) this occupation (month and spant in this that occupation ... instructions UNFADING Other Contributory Causes of Importance 12. BIRTHPLACE (city or tow (State or counts supplied. FATHER 13. NAME 14. BIRTHPLACE (city of plain (State or count) carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: H Accident, suicide, or homicide? ... DEATH 16. BIRTHPLACE (city or tow (State or country Where did injury occur?. pe (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Should 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE S CAUSE mation LION Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed). Registrar. (Address) ...

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vi

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HOV 5 1935			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A]	١	1	-	-	-	1	1		L	A	1	ĺ)	J	10	,	,	7	,	,	,	*	,	*	*	*	*	,	,	3	7	7			((ĺ	J	Į	5	7	Š	-	Z	3		ĺ	H	ŀ)	I]			ľ	5	3	3	B]		3	4		J	,	J	1	-	Ç.	E	F		1	1	V	1	C	I	•	Γ	r	1	A	Ŀ		Γ	1	5"	S	6	1		3	3	I	I		Ç	E]		I	H	ŀ	1]	-	ſ	I]		2	?	R	I]	Ţ	J	Ú		Į,	Į	Į	Į	1	1	1	1	1	1					1	1	1	1					
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STATE OF MARYLAND—CERTIFICATE OF DEATH 112	STATE	F MARYLAN	ID-CERTIFICATE	OF	DEATH 1	126
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stat JPA	1 PLACE OF PROPERTY	CERTIFICATE OF DEATH 1150	I I
= =	1. PLACE OF DEATH	- 34-E) 9 6	9
Plu C	County	Registration Dist. No.	/
should of OCC	Village or City Veulou Ind	No. V	Ward
70	Length of residence in city or town, where death occurred fyrs, mos.	death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U. S. if of foreign birth?	
A.N.	m 2/11	now long in 0.3. If of foreign bitting	S0S.
SICL	2. FULL NAME MISSOURY Hala	coppl,	2.196
YSI	(a) Residence: No. / Level (Usual place of abode)	St., Ward.	
PH	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
Sxa	3. SBX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH /	
× -	Leuals Onlar & OR DIVORCED (write the word)	00 20	193 5
T I ed.	%a. If married, widowed, or divorced	(Month) (Day)	(Year)
Ssifi	HUSBAND of (1) Q	22. I HEREBY CERTIEX. That I attended	deceased from
X A	Mexauter valurous.	Afring 187 1935 to Oct 20 th	, 19.35.
	6. DATE OF BIRTH (month, day, and year) Dout Know		; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
stated proper ertific	33 200 1 day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
7	8. Trade, profession, or particular kind of work done, as SPINNER.	Siproit Junot	6. Smo
	kind of work done, as SPINNER, Housewart	Utrus	/
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at (2000) 11. Total time (years) this occupation (month and (2000))		
she it i	10. Data deceased last worked at / 11. Total time (years)		
E + 0	this occupation (month and 6 / well spent in this occupation		
AC th ion	13 DIDTIDI (CE (city or town) Parties of A.	Other Contributory Causes of importance:	Ma . F
d. , se	12. BIRTHPLACE (city or town) Solution of Alberta (State or country)	(oxaaus)wa	7-1-1
supplied. AGI terms, so tha ee instructions	E 13. NAME Wort Kusey.		
# 4		Name of a second	
y suj ain t See	14. BIRTHPLACE (city or town) Dout Treoul.	Nama of operation Date of What these confirmed disposels?	
= 70 .	15. MAIOEN NAME Dout Theorem	What test confirmed diagnosis?	
refu I in tant	TI IS DIPTUDI ACE (sib. avenue) A Se A TC	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
TTI	(Stata or country)	Accident, suicide, or homicide? Data of injury Where did Injury occur?	, 19
DE M	Alexander Holbrook	(Specify city or town, county and State)
哥哥也	(Address) Verter m.	Specify whether injury occurrad in INDÚSTRY, in HOME, or in PÚBLIC PLA	.UE.
Sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
SE	Place Venton Date OCT 22, 1935	Natura of injury	
CAUSI TION	10 HADERTANES Elias H 11 made		
EOF	19. UNDERTAKER Cohos II wares	24. Was diseasa or injury In any way related to occupation of deceasad?	
(7)	20 + 77 7 - 1 - 1 0 000	(Signed) Joleu J. Cuby	
	20. FILED OCCUPANTE SUPPLY Registrar.	(Address) Price ces Just	m.u.
		The state of the s	-A-4-4-

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NI MEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PHYSICIANS should state AD. Every item of inforof OCCUPA-Exact statement -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 m

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Somuse Village or City Muslow	X x x mo	Registration Dist No. Non Occurs here Hog St., Wal (If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No.	ere deeth occurred yrs. el Amur Av eliva R Am (Usual place of abode)	nos. ds. How long in U.S. if of foreign birth? yrs. mos
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE blue	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yesr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	n	22. Sept 15 1935 to Out 9 1935
6. DATE OF BIRTH (month, day, and year)	ht 24 1912.	I last saw here alive on Boyest 9 , 1931; death is s
7. AGE Years Months 23.	Days If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Houserork 11. Total time (years) spent in this occupation	Destroy Homenhoys: shell? To fost-operative abscesse Not due to talorculosis. Cargar. Jonsillatory: Josformed for infected tonsills
12. BIRTHPLACE (city or town) (State or country)	nd	Other Contributory Causes of importence: Outrong aboves: Post gration's non-tuberculous
13. NAME / 14. BIRTHPLACE (city or town)	me	Name of operation Torrellation Date of Age 9. What test confirmed diagnosis? Wes there an au'opsy2
15. MAIDEN NAME May STATE 15. MAIDEN NAME May STATE 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Reserved.	usr	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place	Date Oct // 19.3	Menner of Injury
19. UNDERTAKER Wrum P (Address) P	Shimon City Ino	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)
20. FILED 19.55 ()	Registrar.	(Address) Zunge Dad

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SHOPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER (Address)

state OCCUPA-1. PLACE OF DEATH plnous County PHYSICIANS Every Length of residence in cify or town where death occurred statement SD. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS A PERMANENT RE 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (mite the word) ACTL classified 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months II LESS than stated 1 dey, ____ hrs. or min. 8. Trade, profession, or parficular UNFADING INK-THIS OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, efc. may 9. Industry or business in which AGE should See instructions on back work was done, as SILK MILL, SAW MILL, BANK, efc 10. Dato deceased lest worked af 11. Total fime (years) spent in this this occupation (month and so that occupation. 12. BIRTHPLACE (cify or town) (Sfafe or counfry) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE

820	1 0
Registration Dist. No. 2	60
No. St., all occurred in a hospital or institution, give its NAME instead of street and described by the street an	Ward (
eld	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
1 I HEREBY CERTIFY. That attended of the state of the sta	daceased from 3, 19 3 5
The PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows: bolities	Data of onset
Other Contributory Causes of importance: Derebral Hrmsrhage	Oct 11/35
N	-
Name of operation	
What test confirmed diagnosis?	
Accident, suicide, or homicide? Date of injury-	
Where did injury occur?	, 44
(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury	
Nature of Injury	
24. Was disease or injury in any way related to occupation of deceased?	
(Signed) Outsprine & Van Word	AM. D. a

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Chronic interstitial nephritis NOV 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3, 1927	Peritonitis	3 days ago
Cereoral nemorrhage	- Contract of the Contract of		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

classified.

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certificate. properly

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

item of infor

RD. Every

V. S. No. 1 ğ AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

3	IAIL OI	MAIN	ILAND	CERTIFICATE OF DEATH	1007
1. PLACE OF DEA	TH			(23)	~~~
County Som	erset			Registration Dist. No.	- 10-
Village or City	Crisfie	1 d	V (16	NoSt,Steach occurred in a hospital or institution, give its NAME instead of street an	Ward ward
Length of residence in c	ity or town where deal	th occurred 53		2.7s. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	John Sto				
(a) Residence: No	Near Cr	(Usualplace		St., Ward. If nonresident give city or town a	nd State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE 5		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day)	
ia. If married, widowed, or div HUSBAND of (or) WIFE of		Evans	Long	22. I HEREBY CERTIFY, That I attended	ed deceased from
5. DATE OF BIRTH (month, da	00	et 26	1876	Sept 2	
7. AGE Years 58	Months 11	Days 23	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 11:30 fcm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or p kind of work done SAWYER, BDDKKE 9. Industry or business i	n which	armer	7 01	Pulmonary Inherribaca	Out of one of 7 states
work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (moyear)	rked at 7939	spa	ime (years) Ţií		
12. BIRTHPLACE (city or town (State or country)	Норе Мо	ewell		Dther Contributory Causes of Importance: Leaker Contributory Causes of Importance:	>
U	evin T L	ong			
14. BIRTHPLACE (city or t		omoke M		Name of operation Date of	
15. MAIDEN NAME	Elizabe	th B S	tevenson	What test confirmed diagnosis? Clear Was there a 23. If death was due to external causes (VIDLENCE) fill In also the follow	
16. BIRTHPLACE (city or t		pewell	*d	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFDRMANT	H Long	sfield	Md	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	
18. BURIAL, CREMATION, DR.	REMOVAL Cers Cem.	Date OC	t 22 , 19 38	Manner of injury	L()
19. UNDERTAKER (Address)	na Brown	adsf	ow d	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED DANS 1	19350 6	Ele	alling	(Signed) & M. Jeyform	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	5 c	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 7 195	July 5,1927	Peritonitis	3 days ago	
The second second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate. AGE should be

CAUSE OF DEATH in plain terms, so that it may

vory important.

TION IS

mation should be carefully supplied.

-WRITE PLA

N. B.

AD. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH				(94)			- 0
County	Somerset					Registration	Dist. No. 2	70
	r CityNY- Crisfie		٧ (1	Nr. e 6	eman To	wn Road estitution, give its NAM	St.,_ IE instead of street ar	Ward number)
Length of r	residence In city or town where	death occurred	Henyawn mos	sds.	How long in U.S	if of foreign birth?	yrs	_mosds.
2. FULL N		iam Madd						
(a) Resid	lence: No. Freen	nan Town		St.,	Ward.		it give city or town a	10.
PERSO	NAL AND STATIS	(Usual place			MEDICAL	CERTIFICAT		
3. SEX	4. COLOR OR RACE	1	RIED. WIDOWED.	21 DAT	E OF DEAT	- 0	E OF BEATH	l .
M	Col		D (write the word)	ZI. DAI	E OF DEAT	(Month)	(Day)	, 193_5 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	dowed, or divorced f		1 880	22.	HERE	BYCERTIF	Y. That I attend	ied deceased from
	Mo	nth & da		Lines name	La	ad Or	4-1-108	S; death is said
	'H (month, day, and year) Years Months	Oays	If LESS than	to have occ	curred on the date		P.m.	a, death is said
00			ormin.	were as fo	ollows:	EATH and related cau	ses of Importance	Date of onset
8 Trade, prokind of	ofession, or particular of work done, as SPINNER,	aborer		he		and	a Q	
9. Industry	or business in which			Le	Lucie	agen.	-0	
SAW I	was done, as SILK MILL, MILL, BANK, etc	••••••		100				0
SAWY 9. Industry of work SAW1 10. Date dece	eased last worked at Unic	nown II. Total	time (years) know	yn C	0	The state of the s		
		000	upation	. Ver	de	Descrity	Che Su	
12. BIRTHPLACE	(city or town)	airmount		Other Con	tributory Causes of	Importance:	Van	*
(State or c			n'd					
13. NAME	John Mad	ddox						
13. NAME	ACE (city or town)	airmount		Name of o	paretion 2	- vaul	Date of	f
(State	e or country)	******	Md		confirmed diagnosis	7 Zacan	Was there a	A
₩ 15. MAIDEN	NAME Mar:	iah ?	??			il causes (VIOL ENCE)		
Ξ -		Rhoad Is	Land					
O 16. BIRTHPLA	ACE (city or town)			-		?	. Date of injury	
1 (51010		2.5			injury occur?	(Specify city of	or town, county and	State)
17. INFORMANT				- Specify wh	hether injury occurr	ed in INDUSTRY, in H	OME, or In PUBLIC	PLACE.
(Address)	MATION, OR REMOVAL	Cristicl	d lid					
Place	awsonia Cem	Oate OC	t 7 ,19 Z	Manner of Nature of				
19. UNDERTAKER		nods	law	24. Was dis		ny way related to occu	pation of deceased?	NO
20, FILED. Q	h X 19350	68 le	selin	(Signe	ed)	300	100	The state of the s
		1 1	Registrar.		(Address)	- Market	a Colo	.V. Short

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Jo. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
11 205	1915	Attack of epilepsy	1 week ago	
us NOV	1921	Run over by street car	1 week ago	
II V	July 5,1927	Peritonitis	3 days ago	
BURLING				
ses of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
7	death and related causes	death and related causes follows: 1915 1921 July 5,1927 ases of importance:	death and related causes Date of onset The principal cause of death and related causes of importance were as follows: 1915	

-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	
WITH U	fully sup	n plain te	
WRITE PLAINLY,	mation should be care	CAUSE OF DEATH i	

V. S. No. 1 Ë ż Exact statement of OCCUPA-

1. PLACE OF DEAT	L			Registration Dist. No.	261
Village or City 77	arun	mp	(1)	No. leath occurred in a hospital or institution, give its NAME instead of st	St., Wareet and number)
Length of residence in city	or town where dee	th occurredyrs		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	lezvi	Millemile	leusin		
(a) Residence: No.	mo	no my	20	St., Ward.	
		(Usual place of abod	-	If nonresident give city or MEDICAL CERTIFICATE OF DE	
PERSONAL ANI		S. SINGLE, MARRIED,		21. DATE OF DEATH	<u> </u>
4 0 0	el .	OR DIVORCED (write	e the word)	(Month) (Day)	, 193 5 (Yeer
5e. If merried, widowed, or divor HUSBANO of	ced			22. I HEREBY CERTIFY. Thet I	ettended deceesed
(or) WIFE of Circ	two 1	nellous			Z, 19_3
6. DATE OF BIRTH (month, dey	end yeer)	et 4 1	861		19_23; deeth is
7. AGE Yeers	Months	,-	f LESS then	to heve occurred on the dete steted ebove, et 2m.	
74	-		y,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importe were es follows:	Oate of o
8. Trade, profession, or pa	rticular				
kind of work done, SAWYER, BOOKKEE				acut Del 7 Het.	
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, es SAW MILL, BANK, e 10. Date deceased last wor this occupation (more	ILK MILL,	1 /4/a			37
10. Date decesed last wor	ked et	11. Totel time (ye	ears) /	Cucum Jomes	
this occupetion (mor	th end / 929	spent in the occupation	nis Jo		
	I am			Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town). (Stete or country)				Casalor 6	220
I 13. NAME ERU	ind to	closon		Cline Dut respect Ohne kyon	uly 1
I)		Neme of operation	Oate of
14. BIRTHPLACE (city or to (Stete or country)	wn)			Whet test confirmed diegnosis? Wes	
15. MAIDEN NAME 27	ary. h	of lam.	and the	23. If deeth was due to externel causes (VIOLENCE) fill in elso the	
16. BIRTHPLACE (city or to	W Y 7	no		Accident, suicide, or homicide?Dete of injur	
(Stete or country)	**************************************			Where did injury occur?	
17. INFORMANT Ha	elas Qu	choon.		(Specify city or town, count Specify whether injury occurred in INOUSTRY, in HOME, or in P	UBLIC PLACE,
(Address)	urun 2	200	4		
18. BURIAL, CREMATION, OR R	EMOVAL MI	1 101	1- 35	Menner of injury	
Plece / Margue	seo in	Dete	6,35	Nature of injury	
19. UNOERTAKER LES (Address)	71-7	elghius	my	24. Wes diseese or injury in eny wey related to occupetion of dec	eased?
20. FILED 1015	357	100001/2	7/10010	(Signed) Deney & 6 Garelle	u-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
of importance were as followed	th and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NUL D THE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NUREAU Y.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other and the second	
Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

N. B.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County Americal Co	Registration Dist. No. 26/
Village or City mounn med.	NoSt.,Ward
Length of residence in city or town where death occurred 25 yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Suc On main	Para 1
2. FULL NAME WAY COM. 1916	or new
(a) Residence. No.	Ward. Hing In Marion If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Turk - White OR DIVORCED (write the word)	(Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of Tausla Meller	
(or) WIFE of Christiseld Taylor Meters	1930 to Out 1935
6. DATE OF BIRTH (month, day, end yeer) July 12. 1850	I last saw he eliva on Old & 19.33 death is said
6. DATE OF BIRTH (month, day, end yeer) July 124 1850 1960 1970 1970 1970 1970 1970 1970 1970 197	to heve occurred on the date stated above, at 5 Am.
D 5 3 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or perticular	were estollows: Date of one of Date of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Comment Hambrais
9. Industry or business in which	
work was done, as SILK MILL, Srusunk	
yaer) occupation occupation	Other Contributory Causes of importence;
12. BIRTHPLACE (city or town) The Control of the Co	- G
The state of the s	sential allers oclavous Maggi
13. NAME William & Com.	Chine Sut lefluts Chine Aposely
14, BIRTHPLACE (city or town).	Nema of operation Dete of
	Whet test confirmed diegnosis? Was thera en eu'opsy?
E -	23. If deeth was due to extarnal ceuses (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
I miller	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT & TURE OF THE BALL MAN.	Specify whether injury occurred in the octor, in flowing, of the octor occurred.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Redent City Dete Oct 22, 1935	Neture of injury
19. UNDERTAKER I Man A Bridshow.	24. Wes disease or injury in any way related to occupation of deceesed?
(Address) (A. Jake O Real)	If so, specify
20 FILED 10/19 35 Gureles 19, Jawson	(Signed) Sussey Coulling M. D.
Registrar.	(Address) morrow mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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İ	Example II		
Date of onset	The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	Date of onset The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

(Address)

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

	Registration Dist. No. 260
lf os.	NoSt,Ward death occurred in a hospitalor institution, give its NAME instead of street and number)
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
_	21. DATE OF DEATH (Month) (Oay) (Year)
1	t last saw Wilm alive on 134 to CD 49 , 193 state to have occurred on the date stated above, at 2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Constitution of the date of the da
	Other Contributory Causes of Importance:
	Nama of operation Oate of
	What test confirmed diagnosis?
	23. If death was due to axternat causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide? Oata of Injury 19 (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
5.	Manner of injury Nature of Injury
	24. Was disease ar Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MOV 8 1935	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. BURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	•	. 1'-
	3	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLA

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1126	3
1. PLACE OF DEATH	(48)	
County Homersel	THIN CORPORATE Registration Dist. No. 265-	
Village or City Crishield	No. St. 1	Ward
Length of rasidence in city or then where death occurred Notice of mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?	ds.
2. FULL NAME Graning May	Velson	
(a) Residence: No. Broadway (Usus Halace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Fecuale While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	21. DATE OF DEATH (Month) (Day) (Yea	-
5a. if married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased	
Deep out 189/	11.4	3.6.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h	s sald
20 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada, profession, or particular	Caharina of Chris	onset
o kind of work done, as SPINNER, when factory	Webs traine to elaula 5	,1.733
kind of work done, as SPINNER, the SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and specific property).	thereout oly - an.	1934
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) Cresteld, Md,	Other Contributory Causes of importance :	
(State or country)		
14. BIRTHPLACE (city or town) Jones Let (3)		
14. BIRTHPLACE (city or town) Somewhat (State or country)	Neme of operation Data of	
(State of Country)	What tast confirmed diagnosis?	MR.
H	23. If death was due to external ceuses (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of injury, 19_	
Va 40 N.C.	Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT AND THE CONTRACTOR (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Mannar of injury	
Plece lusbuy Comulaypete (0, 13 m 1936	Nature of injury	
10. UNDERTAKER S. S. Lawson (Address)	24. Was disaase or injury in any way related to occupation of deceased?	
Car a ser la como	(Signed) S. M. Pey for	.M. D.
20. FILED. 1933 A la La Registrar.	(Address) Cous fill, My-	. HI. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 10 7 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the second s				
Other contributory causes of importance:	l mining	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FO	FURTHER	STATEMENTS	BY	PIIYSICIAN
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ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH plnods Somerset County_ Registration Dist. No. Warion Village or City. jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred vrs mos, ds. statement J Harrison Parker 2. FULL NAME Phoenix If nonresident give eity or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single CIL classified 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Feb 1867 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS then Months Davs to have occurred on the date stated ebove, at-68 1 dey, _____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset Trade, profession, or perticuler OCCUPATION kind of work done, as SPINNER, Oct 5 do SAWYER, BOOKKEEPER, atc may 9. Industry or business in which plnods work was done, es SILK MILL. SAW MILL, BANK, etc 10. Dete deceesed last worked at 11. Totel tima (yeers) this occupation (month and spent in this occupetion ... 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13 NAME Parker 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?__ Ada Hickman MOTHER important. 15. MAIDEN NAME 23. If deeth wes due to external ceuses (VIOLENCE) fill in also tha following: Chance Accident, suicide, or homicide?_______ Deta of injury________ 19_ 16. BIRTHPLACE (city or town) DEATH (Stata or country) Where did injury occur?_. should be (Specify city or town, county and State) Esley Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury ... Netura of injury LION 24. Wes disease or injury in any way raleted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Example I	i i	Example II		
The principal cause of death and related cau of importance were as follows: Arteriosclerosis	ISes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1	5 19			
	2			
Other contributory causes of importance:	out evel rai	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

EXEMP. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

M

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

-9	10	0	1-hy	-
1	7	6	7	1

1. PLACE OF DEATH	(31)
County Somerset	Registration Dist. No. 263
Village or City Crisfield THIN CORPORA	No. West Hall Street St. Ward
0 0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Flora Jane Parks	
(a) Residence: No. Tangier Va	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (write the word) MATTIES	21. DATE OF DEATH Aslake (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Willard Parks	22. I HEREBY CERTIFY, That I attended deceased from
March 3, 189	2 01/4 10 1955, to Wet 1 1955
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS that 1 day,	
ormin.	were as follows:
8. Jrade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ingresibles Pertures
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occased in the month and this occased in the second in the se	acute Cardine delatation
10. Data deceased last worked et this occupation (month and 1934 11. Total time (years)	Brimony Cause: Chamic interstited ne-
this occupation (month and 1934 spant in this occupation coupation	paritie Iwation nat Atted.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) V &	100000000000000000000000000000000000000
13. NAME Andrew Parks	Augusteria in
13. NAME And rew Parks Tangler 14. BIRTHPLACE (city or town)	Name of operation Date of
[14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NEILIE TAINS	23. If death was due to external causes (VIOLENCE) fill In elso the following:
Tangier	Accident, suicide, or homicida? Data of injury 19
16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Mrs Gertrude Crockett V (Address) Crisfield Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Tangier Va Date Oct 20,19	Nature of injury
19. UNDERTAKER OM a Brodston	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oo 119, 1935 le & loveling Registrat	(Signed) (Address) D. (Address) D. (Address) D. (Address) D. (Address)
	rar, 2411 N. Charles Street, Ballimore, Requestin V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	ments	Example II	150
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and a second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	itis NUV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	U S C V S	July 5,1927	Peritonitis	3 days ago
	ET ALL PLANTS PRINTS			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
For authority to change date of both	
on certificate see from letter files	
sonde Coulousen 12-19-35- B	
market a moraban (a 1) of 19	

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH					70
County	Some Some	rset			Registration Dist. No. 4	65
Village or	city Crisf	ield	McCr		orial Hospital St.	Ward
			2.		f death occurred in a horpital or institution, give its NAME instead of street an	
	ver 2	llian			syrsyrs.	.mosus.
2. FULL N	IAME YA	2nd	street	e e		
(a) Resid	dence: No.	, viid	(Usual place		St., Ward.	1.0
PERSO	ONAL AND ST	ATISTIC			If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH				
M	177			(write the word)	ext 6	1935
	dowed, or divorced		22207		(Month) (Day)	(Year)
HUSBAND of	f	Nor	le		22. I HEREBY CERTIFY, That I attended	ed deceased_from
()		/	July	19 1911	Qut 1935 10 Oct 6	1005
6. DATE OF BIRT	'H (month, day, and ye	ar)	July	-0, 1711	I last saw harmalive on Get 5 193	ے۔۔۔; death is said
7. AGE 24	Years M	lonths	Days	If LESS than	to have occurred on the date stated above, at 3.45 R.m.	
~ 1.		2	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.1
8. Trade, pro	ofession, or particular of work done, as SPIN	INCO	Labor	er	Cloud Del o Hard	Dats of onset
SAWY	EK, BUUKKEEPEK, etc		TICHOT		Topma Bornely Greans	1/17
kind of SAWY Industry of Work SAW to SAW to SAW to this or	or business in which was done, as S1LK Mil MILL, BANK, etc	LL,	Box fa	ctorv	,	
SAW 1	MILL, BANK, etc eased last worked at	Sep		me (years) 10		
	ccupation (month and	193	- sper	ntin this Yrs		
Grisfield					Other Contributory Causes of importance:	5.
12. BIRTHPLACE (State or c			Mô		Tyling terr	2. B. J
	Daniel	E she	ehee			100×
Ξ		Dore	shester	County		Carry of
4 14. BIRTHPLA	ACE (city or town) or country)		·	fd	Name of operation Date of	
	T :	ису А	nn Bli	zzard	What test confirmed diagnosis? Was there a	
15. MAIDEN 16. BIRTHPLA	MANIE 227	2.0	Crisi:	ielā	23. If death was due to external causes (VIDLENCE) fill in also the follow	
O 16. BIRTHPLA	ACE (city or town) or country)			Md	Accident, suicide, or homicide? Date of Injury	, 19
, (otate	Mrs	RI	Townsei	ad	Where did injury occur?(Specify city or town, county and S	tate)
17. INFDRMANT (Address)			risfie	td	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	ATION, OR REMOVAL				Manage of t-turn	
Place	risfield	Cem	Date Oct	8 19.35	Manner of injury	
	Vohn 1	163.	adal	9	Nature of injury	
19. UNDERTAKER (Address)	July 1	1	Jan J	nd	24. Was disease or injury in any way related to occupation of deceased?_	
(1001683)	11 0	To a	CP		If so, specify (Signed) Couldness	
20. FILED	795	10	6100	Registrar.	(Address) man me	M. D.
				Acgistrat.	" (nouless)	

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10.-The month and year the deceased last worked at the occupation.

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Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	108	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	NOT THE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V TEATHER TO	July5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

read

STATE OF MARYLAND—CERTIFICATE OF DEATH

	ECORD. Every item of infor-	PHYSICIANS should state	kact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT R.	stated EXACTLY.	properly classified. Ex	certificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ION is very important. See instructions on back of certificate.
	WRITE PL	nation shoul	AUSE OF	TON is ver

1. PLACE OF DEATH	493
County Increet	Registration Dist. No. 260
Village or City Princes and	NoSt.,Ward
Length of residence In city or town where death occurred Old Lines	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
0 0 0 0 0 0 1	The state of the s
2. FULL NAME Collective M. A.	eller.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCT 144 1935
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
One of the	May 1930, to 301, 1931
DATE OF BIRTH (month, day, and year)	I lest sew h
AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATII and related causes of importance
9 Tendo profession or continuous	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Carcenona 1827
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) JUSE (State or country)	Dther Cautributery Causes of Importance:
13. NAME Levis J. QN bries	
1 October	Johnson 1908
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an europsy
15. MAIDEN NAME Plinghold Herden	22. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Jeys M. Hesley;	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pulme Date Oct 15, 1932	Nature of Injury
9. UNDERTAKER OM Smallo	24. Was disease or injury In eny way related to occupetion of deceased?
OFILED Oct 15, 19 De Quill	(Signed) (Signed) (Signed)
Registrar.	(Address) JANOON CONTRACTOR
if more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nei		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y. P.	July 5,1927	Peritonitis	3 days ago
	The second secon			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

*	- other

	2	
BINDING	-WRITE PLAKIY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
FOR	IS A]	stated
EKVED	K-THIS	should be
ARGIN RESERVED FOR BINDING	NFADING IN	plied. AGE
	Y, LVITH U.	carefully sup
	E PLAKI	should be
1 2	-WRIT	mation

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1 N. B.-

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11274
1. PLACE OF DEATH	(97)
County Somerset Co.	Registration Dist. No. 260
Village or City Princess anne, (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in Û.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert m. Jarole	r
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced . HUSBAND of Rosce F. Taylor (or) WIFE of Rosce F. Taylor	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 2011/862	I last saw hull 14 alive on of 1 12 4, 1931; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Qm.
7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	efennely a alevil
SAWYER, BOOKKEEPER, etc Tayyur.	of Scleines, Hypeting.
work was done, es SILK MILL, SAW MILL, BANK, etc	Hereselvies of Gerifus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation Occupation	article st. Oter
12. BIRTHPLACE (city or town) East Pringes and (State or country)	Other Contributory Causes of importence:
	O & asseptation
13. NAME Whytown 14. BIRTHPLACE (city or town) 2228 kmawn (State or country)	
(State of Country)	Name of operation
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Rose Taylar (Address) Princess Augh Ind.	Specify whether injury occurred in MBUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Prespylerium Date & CT 20, 19 35	Nature of injury
19. UNDERTAKER Dale Dashiell (Address) Princess Carre Ind	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED OCT 19, 19 35 J Americk	If so, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AtD. Every item of infor-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1

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certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

20, FILED.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11275
1. PLACE OF DEATH	(34)
County offormerset	Registration Dist. No. 268
Village or City WELLOUA Mid	No. St., Ward
Length of rasidence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ads. How long ly J. S. If of foreign birth?yrsmosds.
2. FULL NAME SOME July la la la	A second
(a) Residence: No. WEuouo Dux	Ct Word
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH ()11 74
Mole Block flus	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. J.HEREBY CERTIFY, That I attended daceased from
(01) WITE 01	oct 14 19 10 oct 1926
6. DATE OF BIRTH (month, day, end yaer) HEBL 2 1931	i last saw h m alive on Oct 24, 1985; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stetad above, at 4 Am.
1 0 of 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O Trade and a size and size an	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Manary July
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last workad at this occupation (month and spent in this country).	
10. Date dacaasad last workad at this occupation (month and spent in this	
yaar) occupation	
12. BIRTHPLACE (city or town) VEurona Sul	Other Contributory Causes of importance:
(State or country)	
13. NAME Some Sile lung.	
E Need No	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata of Country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Dorottey h. Parker 16. BIRTHPLACE (city or town). Without Tust (State of Country)	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town). All Edecous nul	Accident, suicide, or homicide? Date of injury, 19
X (State o Country)	Whara did injury occur?
17. INFORMANT Daroth W Till Comm	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) W Sufour NW	0.0000000000000000000000000000000000000
18. BURIAL, CHEMATION, OR REMOVAL	Mannar of Injury
Place V. Lo., 19.33	Nature of Injury
10 HADESTAKED ACHUT LA I. = 0	24. Was disease or injury In any way related to occupation of dacaasad?
19. UNDERTAKER (Addrass)	If so, spacify

Registrar.

(Signed)

(Addrass)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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	RB
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RE
OR	A S
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v. s. No	ż

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. be properly classified. certificate.

AGE should be

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

CARD. Every item of infor-

STATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County Homerset	Registration Dist. No. 270
Village or City Mr. Crisfield	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where daath occurredyrs,mos	
2. FULL NAME Missouri & D	hellon
(a) Residence: No. Custolic (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 30 , 193 S (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Those, K. Whelton	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) March 24, 1856	I last saw h l alive on QU 3.0 , 1935; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Q — M.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8. Trade oxofarsion or particular Acc	Lasuroine of Welles 2 fre 20
kind of work dona, as SPINNER, foureksafer SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) - All Care (State or country)	Dihar Contributary Causes of importance:
13. NAME Thornas Carencine 14. BIRTHPLACE (city or town)	, v
14. BIRTHPLACE (city or town)	Name of operation Data of What tast confirmed diagnosis? What tast confirmed diagnosis?
15. MAIDEN NAME Abrah Commune	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT Mes Amnie Sterling (Addrass) Cristised And	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place ashing Completing Date Sou, 2 nd, 1935	Manner of Injury
19. UNDERTAKER LA LAWSON Curlield	24. Was disease or injury in any way ralated to occupation of daceasad?
20. FILED hov 7, 1955 lo & lealled Registrar.	(Signed) S. M. Parton M.D. (Addrass) Critical and
2000000	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	Aritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 1935	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

AD. Every item of infor-

10	1	0	200	5-6
- 6	- 7	6	- 6	6

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1277
1	. PLACE OF DEATH	119	
	County Somersot	Registration Dist. No. 2	00
	Village or City Oon Lake	ND. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where death occurredyrs,mos.		
2	FULL NAME Oclice Urginia	WRITE	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and the state of the stat	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 8	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
5a.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended of	Jeceased from
6. I	DATE OF BIRTH (month, day, and year)	I last saw her alive on Cout 12 ,1936	; death is said
7. /		to have occurred on the date stated above, at 5 : dt offn.	
	6 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Conteritis	CONT 2 35
ပ္ပ	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		**********
12.	BIRTHPLACE (city or town) Care (State or country)	Other Contributory Canses of Importance:	~~~~
ER	13. NAME BORRELL Tibelco WRITE		
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	
<u>مر</u>	9 10 0	What test confirmed diagnosis? Was there an at	
OTHE	15. MAIDEN NAME Commel trances Shelfour 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	
Σ	(State or country) many law &	Where did injury occur?	
17.	INFORMANT BERASII TO WRIET	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place What Lear Date 16 1 4 1935	Nature of Injury	
19.	UNDERTAKER LU illium Janes Dane (Address) 37 Bris Janes Dane	24. Was disease or injury in any way related to occupation of deceased?	مد
20.	FILE Det 14, 1935 D Juith	(Signed) Sedere F. Pulloman	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 m

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH		(131)	
	County Somessat		Registration Dist. No.	70
	Village or City 1 maxie	<i>n</i> 2	NoSt.,	Ward
	Length of residence in city or town where do		death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U. S. If of foreign birth?yrs,	
	2. FULL NAME Conslin	e lahite		
	(a) Residence: No. Mario	or md	St. Ward.	
	(a) Residence: No. Traction	(Usual place of abode)	If nonresident give city or town as	nd State
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Opt 18	193 5
-	Hemale Golored	widowed	(Month) (Day)	(Year)
58	HUSBAND of (or) WIFE of	1. T.	22. A LHEREBY CERTIFY, That I attende	d deceased from
	James	while	Oct 1 ,1938, 10 Oct 18	19 35
e 6.	DATE OF BIRTH (month, day, and year)	may 8,1882	I last saw h Lu alive on Cley : 193	, death is sald
lica 7.	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
certificate	5-3	/ O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, BANK, etc SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this		Cloud Del J Hand	- Cox
k c			Chining Ministry	18
back	work was done, as SILK MILL, SAW MILL, BANK, etc			
no OC	tino occupation (month and	11. Total time (years) spent in this		
instructions	year) occupation		Other Contributory Causes of Importance:	
ıcti	2. BIRTHPLACE (city or town) (State or country)	con set en mi	Sume actio deleases	- Hody
nstr		notte a	Clima nucuallo	1.134
	14 DISTURBLANCE (Alberta Annual)	1 a - con at a	Name of operation Date of.	
See	(State or country)	md	Whet test confirmed diagnosis? Was there as	
it.	15. MAIDEN NAME Qualica		23. If death was due to external causes (VIOLENCE) fill In also the follow	
important.	16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Date of injury	, 19
odu	(State or country)	verse como	Where did injury occur?(Specify city or town, county and S	tate)
	7. INFORMANT Joush	Johnson	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
very	(Address) 8. BURIAL, CREMATION, OR REMOVAL			
S	Plece Wesley Centon	v Dete OCT 20 1935	Manner of Injury	
LION	000		Nature of injury	
E 1	9. UNDERTAKER (Address)	con and	If so, specify	
	12 2 251.	100 ca 12 Freeze	(Signed) Lunga & callun	M. D.
2	0. FILED 19 1923 Upo	Registrar.	(Address) Marine mo	
-	105 1. 01 0. 12	Links and all a Coas Daire	N Ct. L. C D L D	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year .

..... M. D.

1. PLACE OF DEATH	(08)
County Somersel	Registration Dist. No. 27
Village or City MC Gready Haspital (IF	ND. 7th Caralastel St., Ward death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S.if of foreign birth?yrsmosds.
2. FULL NAME Usac White	If U.S. Yeteran specify WAR.
(a) Residence: No. Production (Usual place of abode)	St., Mad Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 26 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of none	Oct 18 1935 to Oct 26 1933
6. DATE OF BIRTH (month, day, and year) Ja 1969	I last saw harmalive on Olf 26 ,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
· 26 2 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Ceul Def of Heat
SAWYER, BODKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Topsura
10. Date deceased last worked at this occupation (month and year) - 021 - 11 - 12 - 3 - 11. Total time (years) spant in this occupation - 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
12. BIRTHPLACE (city or town) Mathematical	Other Contributory Causes of importance: Low Succession of 10
(State or country) Someway (a mo)	
13. NAME James White 14. BIRTHPLACE (city or town) Samesset (or	
	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Caroline Pattes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Acrosland Co	Accident, sulcide, or homicide?Date of injury19
(State or country)	Where did Injury occur?
17. INFOPMANT CLLC Lothica (Address) Magicania Mad	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley Cometony Date Oct 28, 1935	Nature of injury
19. UNDERTAKER Chas H Ward	24. Was disease or injury in any way related to occupation of deceased?
(Address) makion md.	If so, specify
20, FILED Olsh 21, 1931 - 108 loselin	(Signed) Lucy Cullium M. D
Registrar.	(Address) Masson oans

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

or I	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis .	3 days ago		
11				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

	300 - Es	200

V. S. No. 1

PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may N. B.—WRITE PLA

STATE OF MADVI AND.	CERTIFICATE OF DEATH
	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	(92-0)
County Somerset Co.	Registration Dist. No. 60
Village or City mt Vernov	ND. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
1 8 61 1.1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME form It. Winder	
(a) Residence: No. (Usual place of abode)	St., Z Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
OR DIVORCED (write the yord)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY That attanded decaased from
(or) WIFE of digge Winder	Circa 12 1937 10 OC 1/21 1935
6. DATE OF BIRTH (month, day and (veer)	I last saw h 1200 alive on oct, 1 at 1936 death is said
Months Days If LESS than	to have occurred on the data stated above, at
78757 55 3 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Of a second of Cas Trees of Data of one of
kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, atc.	Pa Perenia 3
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaasad last worked at this occupation (month and this contraction (month and this contraction).	
work was done, as SILK MILL, SAW MILL, BANK, atc	Primary Course: Chronic and condition and
shell Ill fill?	mocardities Quy (1)
yaar) occupation	Diver Contributory Causes of importanca:
12. BIRTHPLACE (city or town) In I Vernort	myrcusteis Failing a
(State or country) md.	
13. NAME John Daniel Winder	
13. NAME John Daniel Winder 14. BIRTHPYACE (city or town) Mt Vernon	Name of operation
(Stage of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Mt yernor	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Int Vernor	Accident, suicide, or homicida? Date of injury19
E (State or country) Wid.	Where did injury occur?
17. INFORMANT Thomas Winder	(Specify city or town, caunty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) mt vernon md.	
18. BURIAL, CREMATIDN, OR REMOVAL	Manner of injury
Place Int Vinnen mid. Deta alt 2, 1930	Nature of Injury
19. UNDERTAKER Dale Dashiell	24. Was disease or injury in any way related to occupation of dacoased?
(Addrass) Princese anne mais	If so, spacify
20 FILED TIZ 1075 & Della Co TBAS:	(Signad) Sand Oo Mence M. D.

Perrece aure, 1 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	11	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.	C Con				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

			ADD	ITION	IAL S	PACI	E FOR	FUR	THER S	TATEM	IENT	S BY	PHYSICIAN					
Chang	e of	age	of	dec	ea.s	ed (and	bin	rth ye	ar)	fro	m 75	years	old	to	55 1	rears	-
blo	auth	oriz	ed 1	2/4	/35	by	lett	ter	filed	una	er	DR.	JOHNSON	7	Hea	tin Ot	liee r	·L

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH			(3)
	County	isfiel		Registration Dist. No. 🗸 / O
	Village or City	TOTICI		No. St., Ward
	Length of residence in city or town who	re death occurr		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
				in a control of the c
2	FULL NAME E Ell	is Wind	lsor	
	(a) Residence: No.	/I I	I place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE	S SINCLE	MARRIED WIDOWED	21. DATE OF DEATH
	M W	OR DAY	ORCED (write the word)	3 1935
50	If married, widowed, or divorced	211.4		(Month) (Day) (Year)
Ja.		hel L	Windsor	22. I HEREBY CERTIFY, Thet Lettended deceased from
_	(or) with or			Cm 92/ 1074 10 COT 3 1935
6. 1	DATE OF BIRTH (month, day, and year)	July	28 1878	I last sew h alive on OCC 13 1; death is said
7. /	AGE Years Months	Da		to have occurred on the date stated above, et ZGZ
	57	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
7	8. Trade, profession, or particular	Wa	terman	Presoland Dete of onset
OI	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			01.1.0.
OCCUPATION	9. Industry or business in which	Во	at	
CO	work was done, as SILK MILL, SAW MILL, BANK, etc.		T. (14) - (
00	1D. Date deceased last worked at this occupetion (month and	934	Total time (years) spent in this	
	year)	4 7000 0 1000	occupation	Other Contributory Canoes of importance:
12.	DIK INFLACE (CITY OF TOWN)	irmour	Md	Classic Referration
~	(State or country) 13 NAME JOHN Wi	ndsor	Tria	
FATHER	13. NAME		1000 40	
AT	14. BIRTHPLACE (city or town)	Fairmo	Tra	Name of operation Date of
	(State or country)			What test confirmed diegnosis? Was there an au'opsy?
HEF		rine Ad		23. If deeth was due to external causes (VIDLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	merset	County	Accident, suicide, or homicide?, 19, 19, 19
Σ	(Stete or country)		Md	Where did injury occur?
17.	INFORMANT E Ellis Wir	dsor:	r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) Crisi	ield	Tra Bri	
18.	BURIAL, CREMATION, DR REMOVAL	d	Oct 5 35	Manner of Injury
	Place Parisoulle	Date	Oct 5 19 35	Nature of injury
19.	UNDERTAKER John a	Brace	Ishaw	24. Wes diseese or injury in any way releted to occupation of deceased?
	(Address) Crust	igld	and	If so, specify
20	FILED Deh 5 1935)	10 821	allow	(Signed) M. D.
2.0.	,		Registrar.	(Address)
	If n	ore blanks are no	eded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
The second secon					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		